



10-21-05

HDP/SB/21 based on PTO/SB/21 (08-00)

AFI 17794
ZP

Please type a plus sign (+) inside this box →

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/704,881 |
| | | Filing Date | November 2, 2000 |
| | | First Named Inventor | Watkins |
| | | Group Art Unit | 1772 |
| | | Examiner Name | Muggins |
| Total Number of Pages in This Submission | | Attorney Docket Number | 4022-000007 |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Copy of Declaration of Richard L. Watkins, 3 US patent documents, and Return Postcard |
| Remarks | | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. |

EV 717 344 273 US

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

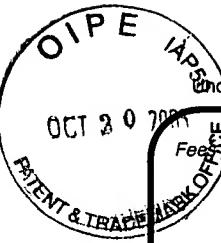
| | | | | |
|-------------------------------|----------------------------------|--|--------------------------------|--------------------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | | Attorney Name Anna M. Budde | Reg. No. 35,085 |
| Signature | | | | |
| Date | October 20, 2005 | | | |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

| | | | | |
|-----------------------|---------------|--|---------------------------|-----------------------------------|
| Typed or printed name | Anna M. Budde | | Express Mail Label No. | EV 717 344 273 US (10/20/2005) |
| Signature | | | Date | October 20, 2005 |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



OCT 30 2004

Effective on 12/08/2004.

Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 500)

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 09/704,881 |
| Filing Date | 11/02/2000 |
| First Named Inventor | Richard L. Watkins |
| Examiner Name | Miggins |
| Art Unit | 1772 |
| Attorney Docket No. | 4022-000007 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) 50 25

Each independent claim over 3 (including Reissues)

Fee (\$) 200 100

Multiple dependent claims

Fee (\$) 360 180

Total Claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity |
|--------------|--------------|----------|---------------|--------------|
|--------------|--------------|----------|---------------|--------------|

| | | | | |
|-------|--------------|---------|-----|----------------|
| _____ | -20 or HP= 0 | x _____ | = 0 | Fee (\$) 50 25 |
|-------|--------------|---------|-----|----------------|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---------------|--------------|----------|---------------|---------------------------|
|---------------|--------------|----------|---------------|---------------------------|

| | | | | |
|-------|--------------|---------|-----|------------------|
| _____ | - 3 or HP= 0 | x _____ | = 0 | Fee (\$) 200 100 |
|-------|--------------|---------|-----|------------------|

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

| | | | | |
|-------|-----|----------|--------------------------------|-----|
| _____ | = 0 | / 50 = 0 | (round up to a whole number) x | = 0 |
|-------|-----|----------|--------------------------------|-----|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Filing Appeal Brief (#1402) _____ 500.00

SUBMITTED BY

| | | | | | |
|-------------------|---------------------|--------------------------------------|--------|-----------|------------------|
| Signature | <i>Anna M Budde</i> | Registration No. (Attorney/Agent) | 35,085 | Telephone | 248/641-1600 |
| Name (Print/Type) | Anna M. Budde | | | Date | October 20, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.